

ALTA MEADOWS HEALTH CARE INC
1133 NORTH MAIN SUITE 209
LAYTON UT 84041
STATE'S REGION CODE: 001

PROVIDER #: 467205
PHONE NUMBER: (801) 546-2642
PARTICIPATION DATE: 01/16/2003

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OTHER
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY 01/2003	PRIOR 2 SURVEY 12/2003	PRIOR 1 SURVEY 06/2004	CURRENT SURVEY 06/16/2005	PLAN/DATE OF CORRECTION
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PROGRAM REQUIREMENTS

X	COP	* G0122-ORGANIZATION, SERVICES, AND ADMINISTRATION
X	STD	G0134-ADMINISTRATOR EMPLOYS QUALIFIED PERSONNEL, ENSURES ADEQUA
X	STD	G0144-CLINICAL RECORD ESTABLISHES INTERCHANGE, REPORTING, & COO
X	STD	G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
X	STD	G0153-GROUP ESTABLISHES & ANNUALLY REVIEWS AGENCY POLICIES
X	COP	* G0156-ACCEPTANCE OF PATIENTS, PLAN OF CARE, & MEDICAL SUPERVISI
X	STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
X	STD	G0164-ALERT PHYSICIAN TO CHANGES THAT SUGGEST NEED TO ALTER PLA
X	STD	G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI
X	COP	* G0235-CLINICAL RECORDS
X	STD	G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI
X	STD	G0250-QUARTERLY REVIEW OF ACTIVE/CLOSED RECORDS
X	STD	G0337-ASSESSMENT INCLUDES REVIEW OF ALL MEDICATIONS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	3	0
STANDARD	0	0	10	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	3	0
HEALTH TOTAL	0	0	13	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY